

**Cambridge Youth Programs**  
**"April Vacation Week Program 2006"**

**GENDER**  
☐ MALE  
☐ FEMALE

**April Vacation Week Programming**  
**Located at the Gately Youth Center**

70 Rindge Ave.  
Cambridge MA 02140  
Telephone: 617.349.6277  
Fax: 617.349.6082

- Dates:** Tuesday-Friday, April 18<sup>th</sup>- 21<sup>st</sup> , 2006  
**All Applications are due April 14th, 2006**  
All information must be completed
- Transportation:** Transportation will be provided from each of the youth centers. Space is limited, please sign up for transportation at your site when you register your child.
- Pick up:** **8:15am** @ Moore and Area 4 Centers; **8:25am** West Cambridge and Frisoli Centers
- Time of Program:** **8:30am-6:00pm**
- Registration Fees:** **\$35 for Cambridge Youth Program Members**  
**\$45 fee for non-Cambridge Youth Program Members**
- Note:** Lunch is **not** provided: please bring a lunch each day
- Please note:** Space is limited; the first 50 applicants will be accepted
- Field Trips (additional Fee):** **Wednesday 19<sup>th</sup> – Kimball Farms, Westford MA- \$14**  
**(Miniature Golf, Bumper Cars and an ice cream cone)**
- Thursday 20<sup>th</sup>- Chunky's Cinema, Pelham NH - \$14**  
**(Movie ticket, all you can eat pizza, popcorn and soda; Ice cream sundaes are served)**

**REGISTRATION INFORMATION**

\_\_\_\_\_ **Check here if you are filling out the form for more than one applicant**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

If more than one child in your household is applying, please complete the following:

**Name of Additional Child:**

_____	<b>Grade:</b> _____	<b>Relationship:</b> _____
_____	<b>Grade:</b> _____	<b>Relationship:</b> _____
_____	<b>Grade:</b> _____	<b>Relationship:</b> _____

Name of Parent/Guardian: \_\_\_\_\_

Work Name and Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

**Member Information (Please attach current photograph if available)**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches Weight: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

**Medical Information:**

Please describe any medical/physical conditions which CYP Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications):

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**Name of Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Does the member have Medical Insurance? (Circle one) Yes No

If so, Medical Insurance Policy # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

**Additional Emergency Contact (If Parent/Guardian is not available)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Guardian Permission**

As \_\_\_\_\_'s legal guardian, I hereby authorize him/her to participate in CYP's April Program 2005's daily activities. I give permission for my son/daughter to attend a field trip through CYP April Program 2005 which may involve riding the MBTA with supervision.

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Signature of Parent/Guardian

Date

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP Spring Program 2005 will make a reasonable effort to contact me first in case of emergency. I will not hold CYP or any member of the staff responsible for such illness or injury.

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Signature of Parent/Guardian

Date

**Dismissal Information:**

Please note that the program hours are 8:30am-3:30pm

Please check one of the following:

\_\_\_\_ My child will be picked up by the following person(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_ My child will take public transportation to and from the program

Bus # or T Stop

\_\_\_\_ My child will walk to and from the program

**Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list.**